

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or a joint inventor (if plural names are listed below) of the invention entitled

### ANTIBODY-INDUCED APOPTOSIS

which is described and claimed in the specification which:

☐ is attached hereto.

☒ was filed on DECEMBER 5, 1995

as Application Serial No.: 08/568,072

and was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Ron K. Levy, Registration No.: 31,539, Steven M. Odre, Registration No.: 29,094, and Robert B. Winter, Registration No. 34,458, said attorney(s)/agent(s) to have in addition full power of revocation, including the power to revoke any power herein granted.

Please send all future correspondence to:

U.S. Patent Operations/RBW  
M/S 10-1-B  
AMGEN INC.  
Amgen Center  
1840 Dehavilland Drive  
Thousand Oaks, California 91320-1789

Direct Telephone Calls To:

Robert B. Winter  
Attorney/Agent for Applicant(s)  
Registration No.: 34,458  
Phone: (805) 447-2425  
Date: February 26, 1996

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner of Patents and Trademarks, Washington, D.C. 20231, on the date appearing below.

2/26/1996  
Date

F. Craft  
Signature

## DECLARATION AND POWER OF ATTORNEY (cont'd)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole  
or First Inventor:

TSUTOMU ARAKAWA

Inventor's Signature:

Tsutomu Arakawa

Date: 2/13/96

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Full Name of Second  
Joint Inventor, if Any:

YOSHIKO KITA

Inventor's Signature:

Yoshiko Arakawa

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Arakawa et al.

Serial No.: 09/046,785

Group Art Unit No.: 1642

Filed: March 23, 1998

Examiner: Not Assigned

For: Antibody-Induced Apoptosis

Docket No.: A-377A

**ASSOCIATE POWER OF ATTORNEY  
AND CHANGE OF ADDRESS**

Assistant Commissioner for Patents  
Washington, D.C. 20231

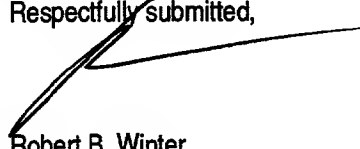
Sir:

Please recognize M. Paul Barker, Registration No. 32,013, as associate attorney in this application, with full power to prosecute the application, to make alterations and amendments therein, and to transact such other business in the Office in connection therewith as may be necessary.

Please direct all future correspondence to the following address:

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Respectfully submitted,

  
Robert B. Winter  
Attorney/Agent for Applicant(s)  
Registration No.: 34,458  
Phone: (805) 447-2425  
Date: *Mar 12, 1998*

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231, on the date appearing below.

5/13/99  
Date

  
Signature